ayment to Agency R	.opo	ATUBILL	Document	•	PAYMENT TO AGENCY REPO
Agency Name				Date Stamp	California OO
California Natural Resources Agency					Form OU
Division, Department, or Reg	gion (if applicable)				For Official Use Only
Department of Water Reso	urces- Division of Sa	fety of Dams			OCT 1 6 2017
Street Address	- Indian of Ca	noty of Burno			OCT 1 6 2017
2200 X Street, Suite 200, S	Sacramento CA 9581	18			
Area Code/Phone Number	Email	10			HUMAN RESOURCES OF
916-227-9800	michael.waggoner	@water ca go	V	Amendment (expla	in in comment section)
Agency Contact (name and title)		water.ea.go	<u> </u>	Date of Original Filing	
Michael Waggoner, Chief, I		onoh		att or original rining	(month, day, year)
	Was the second s	ancn	STATE OF THE PARTY		
Donor Name and Addre				الرام يرازيا	
☐ Individual N/A Last Name	N/A		_ ☑ Other	Pacific Gas & Elect	ric Company (PG&E)
Last Name PO Box 770000	First Na			0.4	Name 04477
Address		San Franciso	<u> </u>	CA State	94177 Zip Code
		Oily		State	Zip Code
Power Generation			<u> </u>		
If "Other" is marked, describe the entity	s business activity (if busines	ss) or its nature and	interests.		
If applicable, i	dentify the name of each	ch source and th	he amount(s) re	eceived by the donor fo	r this payment:
N/A	\$ 0.00		N/A		\$0.00
Name	\$	Amount	Principle of the Control of the Cont	Name	\$Amount
Payment Information (C	THE RESERVE THE PROPERTY OF TH	MISSISSISSISSISSISSISSISSISSISSISSISSISS	2.0.2.2\		THE RESIDENCE OF THE PARTY OF T
PG&E Transportation Provider	Rail	☑ Air ☐ E		o □ Other N/A	Name of Lodging Facility
		Check Applicable I		***************************************	
	0.00			0.00	
\$ 0.00 S	0.00 Meal Expenses	500.00 \$ Transportation E	\$.	Other Expenses	\$
\$ 0.00 S			Expenses \$-	Other Expenses \$ 0.00	\$ 500.00 Total Expenses
\$\frac{0.00}{\text{Lodging Expenses}} \ \$ 3.1 (b) Payment(s) not rel	ated to travel:	\$ 500.00 Transportation E	N/A Dates (month, c	Other Expenses \$ 0.00	\$\frac{500.00}{\text{Total Expenses}}
\$\frac{0.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not rel 3.2. Payment Description.	ated to travel: Provide a specific	\$ 500.00 Transportation E	N/A Dates (month, c	Other Expenses \$ 0.00 lay, year) ent and its agency p	\$\frac{500.00}{\text{Total Expenses}}\$ Total Expenses purpose and use.
\$\frac{0.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not rel 3.2. Payment Description. Helicopter travel was ounder State jurisdiction.	ated to travel: Provide a specification of the second sec	\$500.00 Transportation E description to expedite t The use of a	N/A Dates (month, co of the payment travel to joint a helicopter	Other Expenses \$ 0.00 and its agency partly inspect dams is more efficient	\$\frac{500.00}{Total Expenses}\$ Total Expenses Durpose and use. in remote areas for both
\$\frac{0.00}{\text{Lodging Expenses}} \ \$ 3.1 (b) Payment(s) not rel	ated to travel: Provide a specification of the second sec	\$500.00 Transportation E c description to expedite the use of a node of trans	N/A Dates (month, or of the payment travel to joing a helicopter sportation to	Other Expenses \$ 0.00 ent and its agency partly inspect dams is more efficient to dams with limited	\$\frac{500.00}{Total Expenses}\$ Total Expenses Durpose and use. in remote areas for both
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Payment to Agency R	eport A Pu	iblic Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
California Natural Resource	es Agency			Form OU
Division, Department, or Reg	jion (if applicable)		1	For Official Use Only
Department of Water Reso	urces - Division of Safety of	f Dams		OCT 1 8 2017
Street Address			1	OCT I O ZUIT
2200 X Street, Suite 200, S	Sacramento, CA 95818			
Area Code/Phone Number	Email		 	HUMAN RESOURCES OFFICE
916-227-9800	michael.waggoner@wate	er.ca.gov	Amendment (ex	xplain in comment section)
Agency Contact (name and title)			Date of Original Fil	ing:
Michael Waggoner, Chief,				(month, day, year)
2. Donor Name and Addre			Couthorn Coliforn	nia Edinan (CCE)
☐ Individual N/A Last Name	N/A		Southern Californ	nia Edison (SCE)
1515 Walnut Grove	First Name	mead	CA	Name 91770
Address	City		State	
Power Production	100 A			R 35003 10 (500-9000)
If "Other" is marked, describe the entity	's husiness activity (if husiness) or its a	ature and interests		
ii Other is marked, describe the entity	s business activity (ii business) of its in	ature and interests.		
If applicable,	identify the name of each sourc	ce and the amount(s) r	eceived by the dono	r for this payment:
N/A	\$_0.00	N/A		0.00
Name	Amount		Name	Φ
3. Payment Information (C	Complete Sections 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	Inyo County		9/2	6/17
o. I (a) Haver I ayment	Location of T	Travel	· ·	Dates (month, day, year)
SCE	□ Pail □ Air	⊟ Bus ⊟ Aut	o □ Other N/A	4
Transportation Provider	Rail Air	· □ Bus □ Aut Applicable Boxes	o 🗆 Other	Name of Lodging Facility
0.00	0.00	00.00	0.00	600.00
Lodging Expenses	Meal Expenses Trans	sportation Expenses \$	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re		N/A	\$ 0.0	00
o. I (b) I ayment(s) not to	lated to traver.	Dates (month,	(T)	Total Expenses
3.2 Payment Description	. Provide a specific desc	ription of the paym	ent and its agenc	v purpose and use
		•		s in remote areas under
	am safety. The use of a			oth organizations and
is generally a safer mo	ode of transportation to	dams with limited	a road access.	
3.3. Identify the officials	who used the payment in	Section 3.1 (See instru	uctions)	
Cruz	Brandon	Senior Eng	ineer, W.R.	DWR/DSOD
Last Name	First Name	Pos	sition/Title	Department/Division
V				•
Last Name	First Name	Pos	sition/Title	Department/Division
I. Verification				
I authorized the acceptance	of the reported payment(s)) as in compliance w	ith FPPC regulatio	ns. /
Michael / lagger	Michael black		Engineering Bro	1 / - /
Signature Signature	Print Name	ang moz	Tule	(month. dav. year)
				,
Comment:				
(Use this space or an attachment	for any additional information)			EBBC Form 801 (land)

Payment to Agency	Report	A Public	Document		PAYN	MENT TO AGENCY REPORT
1. Agency Name			A Charles and child the comband	Date Star	np C	alifornia On4
California Natural Resou			Form OUI			
Division, Department, or	1	R				
Department of Water Re			007.1			
Street Address	, W			ĺ		OCT 1 6 2017
2200 X Street, Suite 200		318				
Area Code/Phone Numbe	Man			☐ Amendmer	HUMAI nt (explain in com	RESOURCES OFFIC
916-227-9800	michael.waggone	er@water.ca.go	OV .	Date of Origina		
Agency Contact (name and the Michael Waggoner, Chie		ranch		Date of Origina	(n	nonth, day, year)
2. Donor Name and Add	dress					
☐ Individual N/A	N/A	N. Contraction of the Contractio	_	Pacific Gas &	Electric Co	mpany (PG&E)
	First	Name			Name	0.4.4.7.7
PO Box 770000		San Francis	600			94177
Address		City		9	State	Zip Code
Power Generation	-414. J. b		lata-sata			
If "Other" is marked, describe the e	ntity's business activity (ii busin	ess) or its nature and	interests.			
If applicab	le, identify the name of e		the amount(s) re	eceived by the de	onor for this p	ayment:
N/A	\$0.00		N/A			0.00
Name	Φ	Amount	1	Name		Amount
3. Payment Information	(Complete Section	s 3.1 (a or b), 3.2, 3.3)			
3.1 (a) Travel Payment	Amador and A		,,,		9/21/2017	
3.1 (a) Haver I ayment	5-15-16-20-16-16-16-16-16-16-16-16-16-16-16-16-16-	ocation of Travel			Dates	(month, day, year)
PG&E	□ Pail		Bus □ Auto	o 🔲 Other	N/A	
Transportation Provide	ler Rail	✓ Air ☐ Check Applicable	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Domer -	Name o	of Lodging Facility
0.00	0.00	500.00		0.00	5	00.00
Lodging Expenses	\$ Meal Expenses	\$Transportation	Expenses \$-	Other Expenses	. \$	Total Expenses
3.1 (b) Payment(s) not	related to travel:		N/A	\$	0.00	
			Dates (month, c	lay, year)	To	otal Expenses
3.2. Payment Descripti	on. Provide a specif	ic description	of the payme	ent and its age	ency purpo	se and use.
Helicopter travel was under State jurisdict organizations and is	ion for dam safety. generally a safer i	The use of a mode of tran	a helicopter sportation to	is more effic o dams with	cient for bo	oth
3.3. Identify the official	= ==	nent in Section			DWD/D	000
Holland	Eric		Engineer, W		DWR/D	
Last Name	First Name	9	Posi	tion/Title	D	epartment/Division
Last Name	First Nam	e	Posi	ition/Title	D	epartment/Division
4. Verification						
I authorized the acceptar	. //	rment(s) as in o		th FPPC regula		net 10/19/19 (month, day, year)
Comment:						
/I lee this space or an attachmo	ant for any additional informa	ation)				

Payment to Agency Re	eport	A Public D	ocument		P	PAYMENT TO AGENCY REPO
1. Agency Name				Date Star		California OO
California Natural Resource	es Agency				D	Form DV
Division, Department, or Reg		**************************************			001	For Official Use Only
Department of Water Resou	urces - Division of S	afety of Dams			281	70CT 24 PM 1:
Street Address						
2200 X Street, Suite 200, S	acramento CA 958	318				
Area Code/Phone Number	Email					
916-227-9800	michael.waggonei	@water.ca.gov	1	☐ Amendme	nt (explain in	comment section)
Agency Contact (name and title)	1			Date of Origina	al Filing: _	
Michael Waggoner, Chief, F	ield Engineering Br	anch				(month, day, year)
		ariori				
2. Donor Name and Addre				Ni	" - D:-1	1-1 (NUD)
☐ Individual N/A	N/A		. 🗹 Other	Nevada Irriga		
28311 Secret Town Road	First N	Colfax			CA	ame 95713
Address		City			State	Zip Code
		5.9			3.0.0	2.5 0000
If "Other" is marked, describe the entity's	s business activity (if busine	ee) or its nature and in	ntoroete			
II Other is marked, describe the entity	s business activity (ii busine	ss) of its flature and if	iteresis.			
If applicable, id	dentify the name of ea	ich source and th	ne amount(s) re	eceived by the d	onor for th	is payment:
N/A	\$_0.00		N/A			\$ 0.00
Name	Ψ	Amount		Name		Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment	Nevada County	5 155	3 5		9/12/201	7
on (a) navon ajmoni		ocation of Travel			Da	ites (month, day, year)
NID		☑ Air ☐ B	Bus □ Auto	Other	N/A	
Transportation Provider	Li Naii	Check Applicable E		D Cliler	Na	me of Lodging Facility
0.00	0.00	Server on a survey of the server of the serv		0.00		1,500.00
\$ \$. Lodging Expenses	Meal Expenses	\$ 1,500.00 Transportation Ex	\$_ xpenses	Other Expenses	-	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		N/A	\$	0.00	
011 (a) 1 a) monte (a) not to			Dates (month, c	324		Total Expenses
3.2. Payment Description.	Provide a specifi	c description of	of the payme	ent and its ag	ency pur	pose and use
					- 15.	
Larger helicopter neces						
jurisdiction for dam safe					organi	zations and is
generally a safer mode	or transportation	i to dams wi	un iimilea re	dad access.		
3.3. Identify the officials w	tho used the paym	ent in Section	3.1 (See instru	ctions)		
Jimenez	Tim		Senior Engi	neer	DWR	R/DSOD
Last Name	First Name		Posi	tion/Title	- 8	Department/Division
Last Name	First Name	!	Posi	ition/Title		Department/Division
1. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in co	ompliance wi	th FPPC regula	ations.	
Wit Oblean	1 1 11	aggoner		Engineering D		h. F 12/20/1
Michael Wcorrenu Signeture	- Hencel P	Print Name	1 celd	Tibe	VENUI G	(month. day, year)
				V		, , , , , , , , , , , , , , , , , , , ,
Comment:						
(Use this space or an attachment for	or any additional informa	tion)				FPPC Form 801 (Jan/1
						advice@fppc.ca.g

Payment to Agency Re	port	A Public D	ocument		PAY	MENT TO AGENCY REPORT
1. Agency Name				Date Star		California On4
California Natural Resource	s Agency		log-	ECE	VE	Form OUI
Division, Department, or Regi				1505		For Official Use Only
Department of Water Resou	rces - Division of S	afety of Dams	In	COT OS	2017	
Street Address	- Division or o	aroty or Burno		J COI OR	2011	
2200 X Street, Suite 200, Sa	acramento CA 958	318		HUMAN RESOU	DUES VELIC	Ç.
Area Code/Phone Number	Email		- Inguision	JUMAN ALOUU	noco orijio	
916-227-9800	michael.waggoner	@water ca gov		☐ Amendme	nt (explain in co	mment section)
Agency Contact (name and title)	micriaci.waggorici	water.ca.gov		Date of Origina	ıl Filina:	
	iold Engineering Pr	canah				month, day, year)
Michael Waggoner, Chief, F	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	anch	NAME OF THE OWNER, AND DESCRIPTION OF THE OWNER, AND DESCRIPTION OF THE OWNER, AND DESCRIPTION OF THE OWNER,			
2. Donor Name and Addres						
☐ Individual	N/A		Other	Pacific Gas &	Electric Co	ompany (PG&E)
Last Name	First N		1		Name	
PO Box 770000		San Francisco)		CA	94177
Address		City			State	Zip Code
Power Generation						
If "Other" is marked, describe the entity's	business activity (if busines	ss) or its nature and int	erests.			
If applicable, id	entify the name of ea	ich source and the	amount(s) re	eceived by the d	onor for this	payment:
N/A			N/A			\$ 0.00
Name	\$\frac{0.00}{}	Amount		Name		\$Amount
3. Payment Information (Co	omplete Section	s 3 1 (a or b)	3 2 3 3)	***************************************		
	Amador and Al	3 500	0.2, 0.0,		09/12/2017	7
3.1 (a) Travel Payment		ocation of Travel				(month, day, year)
PG&E					N/A	(
Transportation Provider	Rail	☑ Air ☐ Bu	0	Other .		of Lodging Facility
92 S 4	0.00	Check Applicable Bo		0.00		500.00
\$	Meal Expenses	\$Transportation Ex	4	Other Expenses	_ \$_	Total Expenses
	•	Transportation Exp	N/A		0.00	Total Expolloco
3.1 (b) Payment(s) not rela	ited to travei:		Dates (month, d			Total Expenses
2.2 Payment Description	Drovido o opocifi	a deceription of	49 40	(E.2)(E)		1
3.2. Payment Description.						
Helicopter travel was of			(A)			
under State jurisdiction	•		25);			
organizations and is ge	nerally a safer n	node of transp	portation to	dams with	limited ro	ad access.
3.3. Identify the officials w	ho used the paym	ent in Section	3.1 (See instruc	ctions)		
Dhillon	Param		Senior Engi	neer W.R	DWR/E	SOD
Last Name	First Name			tion/Title		Department/Division
Last Name	First Name	i	Posi	tion/Title		Department/Division
4. Verification						
I authorized the acceptance of	of the reported navi	ment(s) as in co	mnliance wit	h FPPC regula	ations	
M's half	Mr. L.	1/	Tipliance wi		AL I	2/07/0
MICHAEL WAGGOON	Michael	Waggoner	tield,	Engr. Dranch	(niet	4/2/1/1/
Signature	F	-mit notife		v IITUE		(month, day, year)
Comment:						
(Use this space or an attachment for	r any additional informat	tion)				FPPC Form 801 (Jan/14)
						advice@fppc.ca.gov

ayment to Agency R	eport A Public I	Document		PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California 201
California Natural Resource	es Agency	89	Form OU	
Division, Department, or Reg	Jion (if applicable)			For Official Use Only
Department of Water Resor	urces - Division of Safety of Dams		OCT 1 8 2017	
Street Address	Special control of the second control of the			001 1 0 2017
2200 X Street, Suite 200, S	acramento, CA 95818			
Area Code/Phone Number	Email		_	HUMAN RESOURCES OFFICE
916-227-9800	michael.waggoner@water.ca.go	ov	Amendment (ex	xplain in comment section)
Agency Contact (name and title)			Date of Original Fil	ing:
Michael Waggoner, Chief, F	Field Engineering Branch			(month, day, year)
Donor Name and Addre			Southorn Californ	nio Edicon (SCE)
☐ Individual N/A Last Name	N/A	_ ☑ Other	Southern Californ	nia Edison (SCE)
1515 Walnut Grove	First Name Rosemead		CA	
Address	City		State	
Power Production	s±35 °		, -	o Vinida. International
A LEGE AC II	's business activity (if business) or its nature and	interests		
ii Ouler is marked, describe the entity	a publicas activity (ii publicas) of its flature and	IIICICSIS.		
If applicable, i	dentify the name of each source and t	the amount(s) re	eceived by the dono	r for this payment:
N/A	¢ 0.00	N/A		0.00
Name	\$ \$_Amount		Name	Φ
Payment Information (C	Complete Sections 3.1 (a or b	Control of the second second second		
3.1 (a) Travel Payment	Fresno County		9/1	8/17
on (a) mavorr aymone	Location of Travel		->>	Dates (month, day, year)
SCE	□ Boil □ Air □	Bus □ Auto	o Other N/A	4
Transportation Provider	Rail Air Check Applicable		Other N/A	Name of Lodging Facility
0.00			0.00	1,200.00
\$ \$ Lodging Expenses	0.00 \$600.00 Transportation	Expenses \$.	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:	N/A	\$ 0.0	00
or (b) Taymont(b) not for	atou to flavoi.	Dates (month, o		Total Expenses
3.2. Payment Description	. Provide a specific description	of the payme	ent and its agenc	v purpose and use.
		11.50 (1.50		
	offered by SCE to expedite tr			
	am safety. The use of a helic			oth organizations and
is generally a saler mo	de of transportation to dams	with inflited	Toau access.	
3.3. Identify the officials v	who used the payment in Sectio	n 3.1 (See instru	ctions)	
Cruz	Brandon	Senior Engi	neer, W.R.	DWR/DSOD
Last Name	First Name	Posi	ition/Title	Department/Division
D		~ ~ ~ ~		
Dhillon	Param	Senior Engi		DWR/DSOD
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
	of the reported payment(s) as in	compliance wi	th FPPC regulation	ns.
Mind aposptance	1/2 1 2 1 1	- 1	15	- / / - /
MIChael Wagging	Michael Waggone	FIE KY	IHgi Heering &	Jenny (hrt 10/1)
Signature	Print Name		V lide ((month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			EDDO F 204 / 1 - 11

Payment to Agency Ro	eport	A Public Do	cument			PAYMENT TO AGENCY REPORT
1. Agency Name				Date St	amp	California O 1
Department of Water Resou	urces				1111111111	Form OUT
Division, Department, or Reg	ion (if applicable)				F	E Go official Date Court
Statewide Integrated Water	Management					007 0 0 0 0
Street Address						OCT 2 0 2017
901 P Street, Room 202						
Area Code/Phone Number	Email			□ Amandm	HU	MAN RESOURCES OFFICE in comment section)
916 653-3937	kamyar.guivetchi@	@water.ca.gov		☐ Amendin	erit (explain	in comment section)
Agency Contact (name and title)	<u> </u>			Date of Origin	al Filing:	(month, day, year)
Kamyar Guivetchi, Division	Chief					(month, day, year)
2. Donor Name and Addre	ss		V-	The state of the s		
☐ Individual	CCI	EEB	Other	CA Council	for Enviro	onmental Eco Balance
Last Name	First N	lame	☑ Other	·		Name
101 Mission Street, Ste. 144	40	San Francisco			CA	94105
Address		City			State	Zip Code
CCEEB - Summer Issues S	eminar-Environmer	ntal and Economi	c Balance			
If "Other" is marked, describe the entity's	s business activity (if busine	ss) or its nature and inte	erests.			
If applicable, in	dentify the name of ea	ach source and the	amount(s) re	aceived by the	donor for	this navment:
ii applicable, le	ichtily the name of ea	ich source and the	amount(s) re	ceived by the	201101 101	инь раушени.
Name	\$	Amount		Name		\$Amount
HAVE THOUSE IN THE STATE OF THE	ampleta Castian		2 2 2 2 2 2 2 2	Traine		Amount
3. Payment Information (C			5.2, 3.3)		7/20 24	/2017
3.1 (a) Travel Payment	Squaw Valley,	ocation of Travel		_	7/20-21	
Self		ocation of maver				Dates (month, day, year)
Transportation Provider		☐ Air ☐ Bu	AND SERVICE SERVICES	Other		Creek Resort
5.		Check Applicable Box	ces		ľ	lame of Lodging Facility
\$\frac{368.14}{\text{Lodging Expenses}} \\$.	Meal Expenses	\$ Transportation Expe	\$_	011	_	\$
		Transportation Expe	enses	Other Expenses		Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		Dates (month, d	2v. vear)		Total Evanges
0.0 Daymant Dagadation	D					Total Expenses
3.2. Payment Description.	Provide a specifi	c description of	the payme	ent and its ag	jency pu	irpose and use.
Invited by the CCEEB t	o speak at the s	eminar to repr	esent DW	/R's Enviro	nmenta	I and Regulatory
Perspectives. One nigl	nt lodging and m	neals provided				
3.3. Identify the officials w	ho used the paym	ent in Section 3	.1 (See instruc	ctions)		
Guivetchi	Kamyar		Division Chi		DW	R/DSIWM
Last Name	First Name		Ander Limbert victore in 1989 - 1940 - 1960 in	tion/Title		Department/Division
2301.12.110	T HOC HAINS		1 031	don/The		Department/Division
Last Name	First Name	_	Posi	tion/Title		Department/Division
I. Verification	entropy and the second section of the second					
I authorized the acceptance	of the reported nav	ment(s) as in con	nnliance wit	h FPPC requi	lations	
r dutilonzed inte deceptance	Eric Koch	nienių <i>aj a</i> a ili 6011 <i>N</i>	No.	10 7 .0	iations.	11-1-
Shortush		Wint Name	Deput	•		10/19/17
Signature		Print Name		Title		(month, day, year)
Comment:						
(Use this space or an attachment for	r any additional informa	tion)				FPPC Form 801 (Jan/14)
						advice@fppc.ca.gov